

Center Name:			Address:				Phone:	Phone:	
Theresa McDowell			421 Teresa Street Grants, NM 87020				(505)290-0	0521	
License Number:	Issue Date:	Expiration I	Date:	Type:			Status:	•	
129525	08/27/2016	08/26/2017	4 Star Family Child Care Home Licensed						
Capacity				•		Cei	nsus		
Over Age 2: 4	Under Age 2:	2 Night	Care:	0 P	layground: 0	Ove	er 2:	2 Un	der 2: 1
Days and Hours of Operation									
	<u>Monday</u>	Tuesda	<u>y</u> <u>W</u>	<u>/ednesday</u>	<u>Thursday</u>	<u>Fri</u>	<u>day</u>	<u>Saturday</u>	<u>Sunday</u>
Opening Times:	07:30 AM	07:30 AI	M (07:30 AM	07:30 AM	07:3	0 AM	Closed	Closed
Closing Times	05:30 PM	05:30 PI	M (05:30 PM	05:30 PM	05:3	0 PM		
# of Classrooms:	F	Purpose:			Date:			Time:	
1	A	Annual			07/19/2017			10:10 AM	
Comments									

A SURVEY OF YOUR FACILITY HAS BEEN MADE AND YOU ARE NOTIFIED OF NON-COMPLIANCE OF THE REGULATIONS AS NOTED BELOW:				
Licensure				
8.16.2.31 A LICENSING REQUIREMENTS	Compliance			
8.16.2.31 B CAPACITY OF A HOME	Compliance			
8.16.2.31 C INCIDENT REPORTING REQUIREMENTS	N/A			
Administrative Requirements				
8.16.2.32 A ADMINISTRATIVE RECORDS	Compliance			
8.16.2.32 B MISSION, PHILOSOPHY AND CURRICULUM STATEMENT	Compliance			
8.16.2.32 C PARENT HANDBOOK	Compliance			
8.16.2.32 D CHILDREN'S RECORDS	Non-compliance			
Deficiencies Of the 9 children's records reviewed, 2 is/are missing a copy of an up-to-date immunization record or public health division approved exemption. See Children's Records 8.16.2.32 form for the child(ren) with no immunization/exemption. Regulation: 8.16.2.32D(1)(e) Corrective Action Plan The home will review a child's record to ensure complete information has been obtained before a child is admitted. Date to be Completed: 08/21/2017				
8.16.2.32 E PERSONNEL RECORDS	Compliance			

Survey Report Form Page 1 of 3

Center Name:	License Number:	Date:	
Theresa McDowell	129525	07/19/2017	

Administrative Requirements

Deficiencies

The home does not have documentation of a background check within 5 years for care giver(s); person(s) over 18 years of age and older living in the home.

Regulation: 8.16.2.32E(1)

Corrective Action Plan

Documentation of a background check and employment history verification for all staff members and all adults living in the home. A background check must be conducted at least once every five years on all required individuals.

Date to be Completed: 08/21/2017

Date to be completed. 00/21/2017	
8.16.2.32 F PERSONNEL HANDBOOK	N/A
Personnel & Staffing	
8.16.2.33 A PERSONNEL AND STAFFING REQUIREMENTS	Compliance
8.16.2.33 B STAFF QUALIFICATIONS AND TRAINING	Compliance
Services & Care of Children	
8.16.2.34 A GUIDANCE	Compliance
8.16.2.34 B NAPS OR REST PERIOD	Compliance
8.16.2.34 C ADDITIONAL REQUIREMENTS FOR INFANTS AND TODDLERS	Compliance
8.16.2.34 D DIAPERING AND TOILETING	Compliance
8.16.2.34 E ADDITIONAL REQUIREMENTS FOR CHILDREN WITH SPECIAL NEEDS	Compliance
8.16.2.34 F NIGHT CARE	N/A
8.16.2.34 G PHYSICAL ENVIRONMENT	Compliance
8.16.2.34 H SOCIAL-EMOTIONAL RESPONSIVE ENVIRONMENT	Compliance
8.16.2.34 I EQUIPMENT AND PROGRAM	Compliance
8.16.2.34 J OUTDOOR PLAY	Compliance
8.16.2.34 K SWIMMING, WADING AND WATER	N/A
8.16.2.34 L FIELD TRIPS	N/A
Food Service	·
8.16.2.35 B MEALS AND SNACKS	Compliance
8.16.2.35 C MENUS	Compliance
8.16.2.35 D KITCHENS	Compliance
8.16.2.35 E MEAL TIMES	Compliance
Health & Safety Requirements	
8.16.2.36 A HYGIENE	Compliance
8.16.2.36 B FIRST AID REQUIREMENTS	Compliance
8.16.2.36 C MEDICATION	N/A
8.16.2.36 D ILLNESS AND NOTIFIABLE DISEASES	Compliance
8.16.2.37 A-G TRANSPORTATION REQUIREMENTS FOR HOMES	N/A

Survey Report Form Page 2 of 3

Theresa McDowell	129525	07/19/2017			
Buildings, Grounds & Safety					
8.16.2.38 A HOUSEKEEPING		Compliance			
8.16.2.38 B PEST CONTROL	Compliance				
8.16.2.38 C MECHANICAL SYSTEMS	Compliance				
8.16.2.38 D LIGHTING, LIGHTING FIXTURES AND ELECTRICAL	Compliance				
8.16.2.38 E EXITS	Compliance				
8.16.2.38 F TOILET AND BATHING FACILITIES	Compliance				
8.16.2.38 G SAFETY COMPLIANCE	Compliance				
8.16.2.38 H SMOKING, FIREARMS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS	S AND CONTROLLED SUBSTANC	CES Compliance			
8.16.2.38 I PETS		Compliance			

License Number:

Date:

Center Name:

Please note: Per CYFD regulation NMAC 8.16.2, failure to comply with the corrective action plans as noted above, may result in further action taken against the licensee.

07/19/2017

07/19/2017

Date
Page 3 of 3

Theresa M Wowill

Surveyor:Peggy Waconda Date Facility Rep:Theresa Mc Dowell

Survey Report Form